

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000061508</b> 1. Entity Name <b>COMPLETE CARE MEDICAL SUPPLY, INC.</b>						<b>FILED</b> 04 AUG 30 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>5040 N.W. 7TH STREET - SUITE 450 MIAMI, FL 33126</b>				Mailing Address <b>5040 N.W. 7TH STREET- SUITE 450 MIAMI, FL 33126</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>04-3681267</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TORRES, JOSE A 5040 N.W. 7TH STREET - SUITE 450 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Joel Santana</b> Street Address (P.O. Box Number is Not Acceptable) <b>3320 NW 13 ST</b> City <b>Miami</b> FL Zip Code <b>33125</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE: <u>Joel Santana</u> DATE: <u>8/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME TORRES, JOSE A STREET ADDRESS 5040 N.W. 7TH STREET - STE. 450 CITY-ST-ZIP MIAMI, FL 33126				TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joel Santana STREET ADDRESS 3320 NW 13 ST CITY-ST-ZIP Miami FL 33125			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joel Santana STREET ADDRESS 3320 NW 13 ST CITY-ST-ZIP Miami FL 33125			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joel Santana STREET ADDRESS 3320 NW 13 ST CITY-ST-ZIP Miami FL 33125			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joel Santana STREET ADDRESS 3320 NW 13 ST CITY-ST-ZIP Miami FL 33125			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Joel Santana, PRESIDENT</u> 8-9-04 705-508-1132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							